EXHIBIT Y

Page 1 IN THE UNITED STATES DISTRICT COURT OF THE SOUTHERN DISTRICT OF WEST VIRGINIA CHARLESTON DIVISION IN RE: ETHICON, INC., PELVIC) Master File No. REPAIR SYSTEM PRODUCTS) 2:12-MD-02327 LIABILITY LITIGATION) MDL 2327 THIS DOCUMENT RELATES TO THE) JOSEPH R. GOODWIN FOLLOWING CASES IN WAVE 1 OF) U.S. DISTRICT JUDGE MDL 200:) Civil Action No. BETTY FUNDERBURKE Plaintiff,) 2:12-cv-00957 vs. ETHICON, INC., ET AL. Defendant.) --- This is the Deposition of VLADIMIR IAKOVLEV, MD, taken at the Hilton Hotel, 145 Richmond Street West, Toronto, Ontario, on the 4th day of March, 2016. REPORTED BY: HELEN MARTINEAU CERTIFIED SHORTHAND REPORTER

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                                                                                                                    17 East Main Street, Suite 200
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                                                                                                                   Pensacola, Florida 32502
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                                                                                                                    Tel. 850.202.1010
 8
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                                                                                                                   Email: dthornburgh@awkolaw.com
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                                                                                                                   FOR THE DEFENDANT:
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                                                                                                                   THOMAS COMBS & SPANN, PLLC
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                                                                                                                   300 Summer Street, Suite 1380
15
        Krystal Teasley
                                                                                                       16
                                                                                                                   Charleston, WV 25301
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                                                                                                                   Tel. 304.414.1805
17
        Margaret Stubblefield
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                                                                                                                   Email: pcombs@tcspllc.com
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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	A P P E A R A N C E S: continued FOR THE DEFENDANT: BUTLER SNOW LLP M. ANDREW SNOWDEN, ESQ. The Pinnacle at Symphony place 150 3rd Avenue South, Suite 1600 Nashville, TN 37201 Tel. 615.651.6760 Email: andy.snowden@butlersnow.com	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24	INDEX OF EXHIBITS NO./ DESCRIPTION PAGE 3 Flash drive containing files reviewed 9 by Dr. Iakovlev in compiling his clinico-pathological report re. Betty Funderburke. 1 Clinico-pathological report of Dr. 12 Vladimir Iakovlev re. Betty Funderburke. 2 Pathology report for Betty Funderburke 12 from the Duke Raleigh Hospital, Bates labeled FUNDERBURKEB_DURH_MDR00038.
1	Page 7 INDEX OF WITNESSES	1	Page 9 Upon commencing at 3:14 p.m.
2 3	WITNESS. PAGE VLADIMIR IAKOVLEV, MD, affirmed	2 3	(WHEREUPON, the witness was duly affirmed.) VLADIMIR IAKOVLEV, MD,
4	CROSS-EXAMINATION BY MR. COMBS9	4	called as a witness herein,
5		5	having been first duly affirmed,
6		6	was examined and testified as follows:
7		7	CROSS-EXAMINATION BY MR. COMBS:
8		8	Q. Dr. Iakovlev, I want to ask you some
9		9	questions about your let's go off the record.
10		10	Off the record at 3:14 p.m.
11		11	Back on the record at 3:14 p.m.
12		12	BY MR. COMBS:
13		13	Q. Dr. Iakovlev, we took a break for a
14		14	second and Mr. Thornburgh handed me your flash
15		15	drive for this case and we've marked that as
16		16	Funderburke Exhibit 3.
17		17	EXHIBIT NO. 3: Flash drive
18		18	containing files reviewed by Dr.
19		19	Iakovlev in compiling his
20		20	clinico-pathological report re. Betty
21		21 22	Funderburke. BY MR. COMBS:
22		22	Q. Is that the flash drive that you
23 24		24	provided to counsel with your materials that your
24			provided to combet with your materials that your

3 (Pages 6 to 9)

relied on in this case? A. Yes.	Page 10		Page 12
A. Yes.		1	A. They all would be in that park.
		2	Again it will depend on the amount of the records
Q. I have not opene		3	and number of images, these are variables. To
4 would it have the medical	records and chain of	4	produce a report I need approximately the same
5 custody form on it?		5	amount of time, usually about 2 hours, but the
6 A. Yes.		6	images and the records are different.
7 Q. Would there be a	anything else on it?	7	Q. And so the actual writing of the
8 A. No, there might	be several chain of	8	report takes about two hours and the creation of
9 custody forms as there were	e several specimens.	9	the slides is what takes the additional time?
Q. And if there was	just one specimen	10	A. And review of medical records to
in this case it would just be	e one chain of	11	produce a summary.
12 custody?		12	Q. Dr. Iakovlev, I've marked as Exhibit
13 A. That's correct.		13	1 a copy of the case specific report.
Q. And I took your	deposition in an	14	EXHIBIT NO. 1: Clinico-pathological
earlier case and I asked yo	-	15	report of Dr. Vladimir Iakovlev re.
us with the bill for that cas		16	Betty Funderburke.
able to. Is Funderburke ba		17	BY MR. COMBS:
18 A. I have not produ	•	18	Q. And Exhibit 2 is the pathology
19 any of the 35 plus patients		19	report.
20 Q. Alright. And if		20	EXHIBIT NO. 2: Pathology report for
21 and let me ask a long ques	•	21	Betty Funderburke from the Duke Raleigh
22 short circuit some of this.		22	Hospital, Bates labeled
23 statement that in the Funde		23	FUNDERBURKEB DURH MDR00038.
have not kept track of the s	-	24	MR. THORNBURGH: Do you have Exhibit 2
21 have not kept truck of the	specific difficult of	24	MR. THORNBURGH. Do you have Exhibit 2
	Page 11		Page 13
1 hours you worked on that ca	se, nor the days or	1	for me.
2 actual times that you worked	d on for that case but	2	MR. COMBS: I think I just gave it to
3 plan, at some point in the fu	ture, to issue a bill	3	you.
4 based upon your estimate of	how much time you	4	MR. THORNBURGH: Here it is. Thank you.
5 worked on the case?		5	BY MR. COMBS:
6 MR. THORNBURGH	I: Objection.	6	Q. Dr. Iakovlev, we've done this in
7 THE DEPONENT: T	'hat's correct.	7	some other cases. Basically I want to go through
8 BY MR. COMBS:		8	the slides and I want you to tell me what your
9 Q. And would all the	work in that case	9	trial testimony is going to be regarding the
	ever the first chain of	10	photographs in the report. So let's start with
10 have taken place from whate	eived the specimen until	11	
•			BF1a.
 have taken place from whate custody form shows you rec the date the report was issue 		12	BF1a. A. So how are we going to do it? I
custody form shows you rec the date the report was issue	d on February 1st?		A. So how are we going to do it? I
custody form shows you rec the date the report was issue A. That's correct. I ju	d on February 1st?	12	A. So how are we going to do it? I just describe or you will ask me questions?
custody form shows you rec the date the report was issue A. That's correct. I ju that this estimation of time i	d on February 1st? ast want to add s my routine way of	12 13	A. So how are we going to do it? I just describe or you will ask me questions? Q. I think it would go faster if you
custody form shows you rec the date the report was issue A. That's correct. I ju that this estimation of time i producing bills, or doing bil	d on February 1st? ust want to add s my routine way of ls. I've been doing	12 13 14	A. So how are we going to do it? I just describe or you will ask me questions? Q. I think it would go faster if you just describe but I'll be glad to ask you some
custody form shows you rec the date the report was issue A. That's correct. I ju that this estimation of time i producing bills, or doing bil ti for two years now for all of	d on February 1st? st want to add s my routine way of ls. I've been doing other litigations and	12 13 14 15 16	A. So how are we going to do it? I just describe or you will ask me questions? Q. I think it would go faster if you just describe but I'll be glad to ask you some questions. I'll start.
custody form shows you rec the date the report was issue A. That's correct. I ju that this estimation of time i producing bills, or doing bil ti for two years now for all c other patients, including Eth	d on February 1st? Ist want to add Is my routine way of Is. I've been doing Other litigations and icon litigation.	12 13 14 15 16 17	A. So how are we going to do it? I just describe or you will ask me questions? Q. I think it would go faster if you just describe but I'll be glad to ask you some questions. I'll start. Can you tell me from what point in
custody form shows you rec the date the report was issue A. That's correct. I ju that this estimation of time i producing bills, or doing bil it for two years now for all c other patients, including Eth Q. And can you give	d on February 1st? Ist want to add Is my routine way of the litigations and ticon litigation. The ballpark for	12 13 14 15 16 17	A. So how are we going to do it? I just describe or you will ask me questions? Q. I think it would go faster if you just describe but I'll be glad to ask you some questions. I'll start. Can you tell me from what point in Ms. Funderburke's body this sample came from?
custody form shows you rec the date the report was issue A. That's correct. I ju that this estimation of time i producing bills, or doing bil it for two years now for all c other patients, including Eth Q. And can you give the amount of time that you	d on February 1st? Ist want to add Is my routine way of Is. I've been doing Other litigations and Icon litigation. The a ballpark for Would have spent on	12 13 14 15 16 17 18	A. So how are we going to do it? I just describe or you will ask me questions? Q. I think it would go faster if you just describe but I'll be glad to ask you some questions. I'll start. Can you tell me from what point in Ms. Funderburke's body this sample came from? MR. THORNBURGH: Objection.
custody form shows you rec the date the report was issue A. That's correct. I ju that this estimation of time i producing bills, or doing bil it for two years now for all c other patients, including Eth Q. And can you give the amount of time that you the Funderburke case? In the	d on February 1st? Ist want to add Is my routine way of Is. I've been doing Other litigations and Icon litigation. In a ballpark for Would have spent on It is a spent	12 13 14 15 16 17 18 19	A. So how are we going to do it? I just describe or you will ask me questions? Q. I think it would go faster if you just describe but I'll be glad to ask you some questions. I'll start. Can you tell me from what point in Ms. Funderburke's body this sample came from? MR. THORNBURGH: Objection. THE DEPONENT: One point of time or
custody form shows you rec the date the report was issue A. That's correct. I ju that this estimation of time i producing bills, or doing bil it for two years now for all c other patients, including Eth Q. And can you give the amount of time that you the Funderburke case? In th you told me 15 to 20 hours.	d on February 1st? Ist want to add Is my routine way of Is. I've been doing Other litigations and Icon litigation. In a ballpark for Would have spent on It is a spent	12 13 14 15 16 17 18 19 20 21	A. So how are we going to do it? I just describe or you will ask me questions? Q. I think it would go faster if you just describe but I'll be glad to ask you some questions. I'll start. Can you tell me from what point in Ms. Funderburke's body this sample came from? MR. THORNBURGH: Objection. THE DEPONENT: One point of time or anatomical location?
custody form shows you rec the date the report was issue A. That's correct. I ju that this estimation of time i producing bills, or doing bil it for two years now for all o other patients, including Eth Q. And can you give the amount of time that you the Funderburke case? In th you told me 15 to 20 hours. ballpark too?	d on February 1st? Ist want to add Is my routine way of Is. I've been doing Other litigations and Icon litigation. In a ballpark for Would have spent on It is a spent	12 13 14 15 16 17 18 19 20 21	A. So how are we going to do it? I just describe or you will ask me questions? Q. I think it would go faster if you just describe but I'll be glad to ask you some questions. I'll start. Can you tell me from what point in Ms. Funderburke's body this sample came from? MR. THORNBURGH: Objection. THE DEPONENT: One point of time or anatomical location? BY MR. COMBS:
custody form shows you rec the date the report was issue A. That's correct. I ju that this estimation of time i producing bills, or doing bil it for two years now for all c other patients, including Eth Q. And can you give the amount of time that you the Funderburke case? In th you told me 15 to 20 hours.	d on February 1st? Ist want to add Is my routine way of Is. I've been doing Other litigations and Icon litigation. In a ballpark for Would have spent on It is a spent	12 13 14 15 16 17 18 19 20 21	A. So how are we going to do it? I just describe or you will ask me questions? Q. I think it would go faster if you just describe but I'll be glad to ask you some questions. I'll start. Can you tell me from what point in Ms. Funderburke's body this sample came from? MR. THORNBURGH: Objection. THE DEPONENT: One point of time or anatomical location?

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1	exactly point. This is a large structure so it's	1	BF1a you talk about the fact that the mesh was
2	pretty bulky.	2	folded?
3	Q. So where did this come from?	3	A. Yes.
4	A. Anterior vaginal wall.	4	Q. And you're not able to tell us
5	Q. And is this a sample from the	5	whether that mesh was folded at the time of
6	Prolift or the TVT?	6	implantation are you?
7	A. Oh, that's Prolift.	7	MR. THORNBURGH: Objection.
8	Q. Now, when you received the sample in	8	THE DEPONENT: No. It folded sometime
9	this case you just received one sample didn't you?	9	in the body. Exactly when it happened from the
10	MR. THORNBURGH: Objection.	10	moment of when it was put in the body would be
11	BY MR. COMBS:	11	difficult to say.
12	Q. I'm looking at page four of your	12	BY MR. COMBS:
13	report.	13	Q. And you don't plan on telling the
14	A. I received H&E stains and stained	14	jury the specific time at which this folding
15	slides of one specimen, that's correct.	15	happened in this case do you?
16	Q. And you told us earlier that the	16	MR. THORNBURGH: Objection.
17	specimen was a sample from the Prolift, is that	17	THE DEPONENT: I can say that it
18	correct?	18	happened sometime from the point it was put in the
19	A. Yes.	19	body to a number of months before it was
20	Q. You did not receive any samples from	20	explanted, because all these changes are at least
21	the TVT in this case did you?	21	months old so it couldn't happen right before the
22	A. From the pathological assessment I	22	explantation.
23	would say that it was unlikely part of TVT. I	23	BY MR. COMBS:
24	mean, this is based on pathological features so my	24	Q. It's possible that this folding
	Page 15		Page 17
1	impression was that all of the excised tissue, at	1	occurred at the time it was implanted by the
2	least what I received, because let me see if it	2	surgeon isn't it?
3	was totally submitted or not.	3	MR. THORNBURGH: Objection
4	Q. I may have to ask you to repeat part	4	THE DEPONENT: It's possible. It's
5	of that answer because your voice trailed off.	5	magailela that it reson moutially, falldad might arrors
6)	possible that it was partially folded right away
	A. I have to see what was submitted.	6	and then folding continued later on. I mean,
7	A. I have to see what was submitted. See, what was submitted is only a part of this		
		6	and then folding continued later on. I mean,
7	See, what was submitted is only a part of this	6 7	and then folding continued later on. I mean, there are many other scenarios and timing. BY MR. COMBS: Q. Alright. Let's see if we can
7 8	See, what was submitted is only a part of this specimen. The part which was on the slide was consistent with Prolift device. So then no parts which I would definitely say TVT. However I don't	6 7 8	and then folding continued later on. I mean, there are many other scenarios and timing. BY MR. COMBS:
7 8 9	See, what was submitted is only a part of this specimen. The part which was on the slide was consistent with Prolift device. So then no parts which I would definitely say TVT. However I don't know what was in the remaining nonsampled	6 7 8 9	and then folding continued later on. I mean, there are many other scenarios and timing. BY MR. COMBS: Q. Alright. Let's see if we can short circuit some of this. Same question about the time that the folding occurred for BF1b, BF1c,
7 8 9 10	See, what was submitted is only a part of this specimen. The part which was on the slide was consistent with Prolift device. So then no parts which I would definitely say TVT. However I don't know what was in the remaining nonsampled specimen.	6 7 8 9 10 11 12	and then folding continued later on. I mean, there are many other scenarios and timing. BY MR. COMBS: Q. Alright. Let's see if we can short circuit some of this. Same question about the time that the folding occurred for BF1b, BF1c, BF2a, BF2b, BF2c, BF3. For all of those would
7 8 9 10 11 12 13	See, what was submitted is only a part of this specimen. The part which was on the slide was consistent with Prolift device. So then no parts which I would definitely say TVT. However I don't know what was in the remaining nonsampled specimen. Q. Understand. And you might be	6 7 8 9 10 11 12 13	and then folding continued later on. I mean, there are many other scenarios and timing. BY MR. COMBS: Q. Alright. Let's see if we can short circuit some of this. Same question about the time that the folding occurred for BF1b, BF1c, BF2a, BF2b, BF2c, BF3. For all of those would your answer be the same that the folding could
7 8 9 10 11 12 13	See, what was submitted is only a part of this specimen. The part which was on the slide was consistent with Prolift device. So then no parts which I would definitely say TVT. However I don't know what was in the remaining nonsampled specimen. Q. Understand. And you might be answering more than I thought I was asking in that	6 7 8 9 10 11 12 13 14	and then folding continued later on. I mean, there are many other scenarios and timing. BY MR. COMBS: Q. Alright. Let's see if we can short circuit some of this. Same question about the time that the folding occurred for BF1b, BF1c, BF2a, BF2b, BF2c, BF3. For all of those would your answer be the same that the folding could have happened at the time of implantation?
7 8 9 10 11 12 13 14	See, what was submitted is only a part of this specimen. The part which was on the slide was consistent with Prolift device. So then no parts which I would definitely say TVT. However I don't know what was in the remaining nonsampled specimen. Q. Understand. And you might be answering more than I thought I was asking in that question.	6 7 8 9 10 11 12 13 14	and then folding continued later on. I mean, there are many other scenarios and timing. BY MR. COMBS: Q. Alright. Let's see if we can short circuit some of this. Same question about the time that the folding occurred for BF1b, BF1c, BF2a, BF2b, BF2c, BF3. For all of those would your answer be the same that the folding could have happened at the time of implantation? MR. THORNBURGH: Objection.
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7 8 9 10 11 12 13 14 15 16 17	See, what was submitted is only a part of this specimen. The part which was on the slide was consistent with Prolift device. So then no parts which I would definitely say TVT. However I don't know what was in the remaining nonsampled specimen. Q. Understand. And you might be answering more than I thought I was asking in that question. The photographs that you have depicted in your report would all be from the Prolift	6 7 8 9 10 11 12 13 14 15 16 17	and then folding continued later on. I mean, there are many other scenarios and timing. BY MR. COMBS: Q. Alright. Let's see if we can short circuit some of this. Same question about the time that the folding occurred for BF1b, BF1c, BF2a, BF2b, BF2c, BF3. For all of those would your answer be the same that the folding could have happened at the time of implantation? MR. THORNBURGH: Objection. THE DEPONENT: Could have happened, but I believe it was the technique is to attempt to
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Page 18 Page 20 1 of the mesh. 1 A. Yes. 2 2 Q. Is that yellow line something that Q. And then the bottom third, 3 3 you added to this photograph? right-hand corner of it that will be what you tell 4 4 the jury is deeper and reflects more edema? A. Yes. Q. And so that would be something with 5 5 A. Yeah. More edematous scar. Scar 6 your computer program that you drew onto this 6 which contains more fluid. 7 picture? 7 Q. And what's the criteria that you 8 8 A. Yes. used to make the determination in 9 Q. And I just want to make sure it's 9 Ms. Funderburke's case of the edema and the bottom 10 10 clear that it's not something that you would see third, right-hand portion? if you put the slide under the microscope? 11 11 A. Just density of the tissue, the 12 A. Well, I mean, all slides have been 12 spaces -- when there's fluid the components get 13 13 like this for many cases. I mean, there is an separated further apart because fluid takes space 14 unaltered copy and then there are copies with some 14 in between. 15 15 markings and some of them have this yellow line Q. So are there any other factors other depicting the most likely plane of the mesh, than the density of the tissue that you're relying 16 16 tracing of the mesh within the tissue. 17 17 on to draw that conclusion? 18 Q. And just for example, the solid 18 A. At that power you do not see, but if yellow lines on BF1b and BF2b those would be the 19 19 you go on higher power you can see that the 20 lines that you placed on with the computer program 20 capillaries are dilated. So the vessels they are 21 21 while you were preparing the report? more stagnant, they contain more fluid, they are 2.2 22 A. That's correct. larger, the outflow is slow from them. So it just 23 Q. I want to ask you a question now 23 goes together. You have more fluid in the 24 about BF2c. What is it you plan to tell the jury 24 vessels, it doesn't flow out the same rate as Page 19 Page 21 1 about that slide at this trial? 1 other places. And then the fluid slowly seeps 2 A. It's folded mesh; it's incorporated 2 into the tissue and stays in the tissue. 3 by scar tissue; the most superficial layers are 3 Q. So let me ask you now, what is it 4 denser, the scar is much denser; in deeper 4 you're going to tell the jury about photograph 5 portions of the mesh they have more fluid content, 5 BF3? 6 edema, so it's not as dense deeper down; and then 6 A. Just comparison between dense scar 7 the superficial portions are right under the 7 and more edematous, more fluid-rich scar tissue 8 mucosa, and then there's part of the mucosa. 8 with some dilated vessels. 9 So it just shows that the mesh is folded 9 Q. And are the dilated vessels that 10 10 in the body. The scar tissue grows into the you're referring to the ones that you have on the 11 folds; it's incorporated like this in the body; it 11 right-hand side that you're drawn little arrows 12 forms this multilayer, bulky irregular structure, 12 to? 13 together with the scar; and there is definite 13 A. Some of them I've marked with the fluid misbalance within some parts of these folds. 14 14 arrows. 15 I mean, there's more fluid in some parts and less 15 O. And in Ms. Funderburke's case will 16 fluid in other parts. 16 you be telling the jury of the cause of those 17 Q. So if we're taking the photograph 17 dilated vessels? 18 from top to bottom, the top, left-hand corner of 18 A. Well, because it's a compartment, 19 the photograph that's what you're going to tell 19 it's within the mesh fold so it's abnormal 20 the jury was the mesh that was near the mucosa? 20 compartmentalization of the tissue. And clearly 21 A. Yes. 21 this is the only cause which interferes with the 2.2 Q. And then from kind of the middle 22 fluid's in and out flow. 23 third of that that's going to be what you term as 23 Q. Is there anything else that you're 24 the denser scar? 24 going to tell the jury about BF3?

	Page 22		Page 24
1	A. Fluid misbalance can cause higher	1	BY MR. COMBS:
2	pressure within these compartments, and high	2	Q. Can you be any more specific?
3	pressure is associated with feeling of either	3	A. I cannot.
4	itchiness which feels on the skin when it's	4	Q. You made a comment about infection?
5	edematous itchiness, or can go all the way to pain	5	A. Yes.
6	like in toothache. The pressure goes up so high	6	Q. What was that comment?
7	in the compartment of the tooth and we feel pain.	7	A. Because there is inflammation around
8	Q. Are you going to be is there	8	and there is exposure through the mucosa. So any
9	anything else about this slide, BF3, that you're	9	open wound is invariably associated with infection
10	going to tell the jury in this case?	10	and infection will trigger acute inflammation.
11	A. No, that's it.	11	Q. Were any cultures taken of the site?
12	Q. What do you plan on telling the jury	12	A. I'm a pathologist an anatomical
13	about the slide BF4?	13	pathologist so I determine if there is infection
14	A. This is the proximity of mesh to the	14	by observing acute inflammation. It has to go to
15	mucosa. So if we so the reason for mesh	15	the level to trigger acute inflammation. That's
16	exposure or one of the reasons for mesh	16	my tool to determine infection.
17	excision at the time was mesh exposure. So this	17	Q. So you determine infection based
18	picture shows proximity of mesh to the mucosa.	18	upon whether there is inflammation?
19	That image didn't capture exactly the erosion site	19	MR. THORNBURGH: Objection.
20	but it's getting closer.	20	THE DEPONENT: Acute inflammation.
21	Q. Anything else that you plan on	21	BY MR. COMBS:
22	telling the jury about slide BF4?	22	Q. Were any cultures taken of the site?
23	MR. THORNBURGH: Objection.	23	A. I don't know.
24	THE DEPONENT: No.	24	Q. Was a diagnosis made by any
	7. 02		D 05
	Page 23		Page 25
1	BY MR. COMBS:	1	physician that Ms. Funderburke suffered from a
2	Q. The photograph now that you've	2	vaginal infection?
3	labeled BF5.	3	A. The diagnosis was made vaginal
4	A. Yes.	4	erosion, which comes together with infection.
5	Q. What do you plan to tell the jury	5	Q. You cannot point me to any medical
6	about that?	6	record for any of Ms. Funderburke's treating
7	A. Here is the erosion. You can see	7	physicians diagnosed or as having a vaginal
_	4 1 61 22 4 1 4		
8	that mesh fibers are getting through the mucosa	8	infection can you?
9	and there's inflammation. So clearly mucosa is	8 9	infection can you? MR. THORNBURGH: Objection.
9 10	and there's inflammation. So clearly mucosa is disrupted. There is infection. There is	8 9 10	infection can you? MR. THORNBURGH: Objection. THE DEPONENT: I think we're looking for
9 10 11	and there's inflammation. So clearly mucosa is disrupted. There is infection. There is inflammation.	8 9 10 11	infection can you? MR. THORNBURGH: Objection. THE DEPONENT: I think we're looking for something artificial. It's not separated.
9 10 11 12	and there's inflammation. So clearly mucosa is disrupted. There is infection. There is inflammation. Q. And what portion of	8 9 10 11 12	infection can you? MR. THORNBURGH: Objection. THE DEPONENT: I think we're looking for something artificial. It's not separated. Erosion is always associated with infection.
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	Page 26		Page 28
1	having an infection can you?	1	ask clinical treating physician if there was
2	MR. THORNBURGH: Objection.	2	frank pus or little bit of oozing. I mean, I
3	THE DEPONENT: I was not looking for	3	don't know. Frank pus is a lot of acute
4	that because it is so obvious. I mean, one comes	4	inflammation. This is a gross diagnosis of
5	after another invariably so I wasn't even looking.	5	infection, frank pus. Under microscope I see
6	Maybe it's there but I wouldn't pay attention	6	parts of frank pus, neutrophils.
7	because I mean this is obvious.	7	BY MR. COMBS:
8	BY MR. COMBS:	8	Q. And you cannot point us to any pus
9	Q. Okay. You can't point us to	9	in this photograph, can you?
10	anything can you?	10	MR. THORNBURGH: Objection.
11	MR. THORNBURGH: Objection. Asked and	11	THE DEPONENT: Well, I mean if I go to
12	answered. How many times are we going to do this?	12	some areas this would qualify to fibrinopurulent
13	THE DEPONENT: I cannot point because I	13	exudant.
14	wasn't paying attention to that specific. I	14	BY MR. COMBS:
15	wasn't expecting that question because that	15	Q. And did the treating pathologist who
16	question is how I should say? I couldn't	16	reviewed this specimen diagnose Ms. Funderburke as
17	expect it possible.	17	suffering from an infection?
18	BY MR. COMBS:	18	MR. THORNBURGH: Objection.
19	Q. Okay.	19	THE DEPONENT: There is no comment on
20	A. As a physician.	20	acute inflammation here.
21	Q. Did you review the depositions of	21	BY MR. COMBS:
22	the treating physicians for Ms. Funderburke?	22	Q. And no finding by Dr. Draffin that
23	A. No.	23	Ms. Funderburke was suffering from an infection
24	Q. Were those provided to you?	24	was there?
	Page 27		Page 29
			1490 27
1	A. The depositions?	1	A. Well it doesn't say either way if it
1 2	Q. Yes, sir.	1 2	A. Well it doesn't say either way if it wasn't or there was.
	Q. Yes, sir.A. I didn't ask for deposition.	l .	A. Well it doesn't say either way if it wasn't or there was. Q. And if she was suffering from an
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2 3 4	Q. Yes, sir.A. I didn't ask for deposition.Q. What is the diagnostic criteria that you use to diagnose a vaginal infection?A. The diagnostic criteria to use	2 3 4	A. Well it doesn't say either way if it wasn't or there was. Q. And if she was suffering from an infection he would make that finding and comment on it wouldn't he? MR. THORNBURGH: Objection.
2 3 4 5	 Q. Yes, sir. A. I didn't ask for deposition. Q. What is the diagnostic criteria that you use to diagnose a vaginal infection? A. The diagnostic criteria to use infection in general is to observe acute 	2 3 4 5	A. Well it doesn't say either way if it wasn't or there was. Q. And if she was suffering from an infection he would make that finding and comment on it wouldn't he? MR. THORNBURGH: Objection. THE DEPONENT: Not necessarily. Because
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1	pathology report, wouldn't it?	1	A. Yes.
2	MR. THORNBURGH: Objection.	2	Q. And on the left-hand side the white
3	THE DEPONENT: Not necessarily. He	3	spaces, what do those represent?
4	could just disregard some findings. I mean, you	4	A. Mesh fibers. Some of them are still
5	cannot put everything on this page. I don't know	5	there, some of them are not.
6	if he saw this or didn't. There's no comment. He	6	Q. On the left-hand side the white
7	doesn't say that there is no acute inflammation.	7	circles, are the mesh fibers still within those
8	If he said that then I would say, yes, he looked	8	white circles?
9	for it and he didn't see it. But this way I don't	9	A. In some, in some are not.
10	even know if he was looking for it or not.	10	Q. And which ones are the mesh fibers
11	BY MR. COMBS:	11	in?
12	Q. No finding of acute inflammation is	12	A. It's hard to say. I would need
13	there?	13	polarizing lenses. Maybe all of them are still
14	MR. THORNBURGH: Objection.	14	there. It's folded or not it's hard to say.
15	THE DEPONENT: There was no way to	15	Q. Can you tell us as we sit here which
16	determine if he was looking for it.	16	ones of the white circles on the left-hand side
17	BY MR. COMBS:	17	contain mesh?
18	Q. Is there any finding in Exhibit 2	18	MR. THORNBURGH: Objection.
19	that Ms. Funderburke suffered from acute	19	THE DEPONENT: I just told you I need
20	inflammation?	20	polarizing lenses. This is the only way to say if
21	A. No positive finding.	21	there are fibers or not, when they're clear. When
22	Q. Is there any finding in Exhibit 2	22	they're blue it's visible, but if it's not blue,
23	that Ms. Funderburke suffered from infection?	23	if it's a clear fiber then it's invisible. I mean
24	A. No positive finding, but also no	24	it's transparent in regular light.
	The two positive initiality, can also he		to dumpaton in regum iigin
	Page 31		Page 33
1	Page 31 negative finding.	1	Page 33 BY MR. COMBS:
1 2		1 2	
	negative finding.		BY MR. COMBS:
2	negative finding. Q. Is there anything else about the	2	BY MR. COMBS: Q. Do you know whether the mesh fibers
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	negative finding. Q. Is there anything else about the slide BF5 that you plan on telling the jury? MR. THORNBURGH: Objection. THE DEPONENT: No, nothing. BY MR. COMBS: Q. Okay. Anything else about the photograph in BF6 that you plan on telling the jury? MR. THORNBURGH: Objection. THE DEPONENT: Self-explanatory foreign body inflammation, that's it. BY MR. COMBS: Q. Anything else that you plan on telling the jury? MR. THORNBURGH: Objection. THE DEPONENT: There's some scarring around it. That's it. BY MR. COMBS: Q. Anything else? A. No. Q. The yellow that's drawn on the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. COMBS: Q. Do you know whether the mesh fibers would have been removed from the slide, that this is a photograph of, during the microtoming process? A. It could have. I mean, some of them float away, some of them stay. Q. Dr. Iakovlev, I want to ask you about the photographs of the slides that are at BF7 through 9. A. Okay. Q. And what is it that you're going to tell the jury about BF7? A. Nerves, nerve branches can grow into the mesh, into the scar tissue. Q. Anything else? A. They become trapped within the scar tissue within the mesh. You can see small fibers. Clearly the tissue is innervated, can feel pain. That's it. Q. What are you going to tell the jury about the photograph that's labeled BF8? A. Now findings are similar to previous

	Page 34		Page 36
1	within the area of inflammation, so it's just	1	MR. THORNBURGH: Which is the same
2	shows that inflamed tissue is innervated too.	2	answer he gave 20 lines ago.
3	Q. Anything else?	3	MR. COMBS: Well then why did we spend
4	A. No.	4	all that time fighting about it?
5	Q. Same question about the photograph	5	MR. THORNBURGH: Because you kept on
6	that's labeled BF9. What are you going to tell	6	asking him.
7	the jury about that?	7	MR. COMBS: Because it wasn't a clean
8	A. Here is addition to previous	8	answer.
9	findings that there is large dilated vessel and	9	MR. THORNBURGH: His answer was no.
10	edematous trauma. So it just shows there is	10	BY MR. COMBS:
11	innervation within the edematous part of the scar	11	Q. Now, Dr. Iakovlev, did you do a
12	tissue.	12	count of nerve density regarding Ms. Funderburke's
13	Q. Anything else?	13	case?
14	A. No.	14	A. If I had that synoptic data compiled
15	Q. I want to ask you for the	15	I did. If I didn't if I don't have it then I
16	photographs that are labeled BF7, BF8 and BF9 did	16	didn't have time to do it.
17	you consult with a pathologist regarding	17	Q. So we weren't provided a synoptic
18	Ms. Funderburke's case?	18	report in regard to Ms. Funderburke's case, does
19	A. No. Why would I? I'm a certified	19	that mean that one was not prepared?
20	licensed pathologist. I don't need	20	A. Most likely. When was it served?
21	neuropathologist to assess this.	21	Q. I assume February 1st.
22	Q. So the answer is, no, you didn't	22	A. Some of them were completed, some of
23	consult with a neuropathologist regarding	23	them are not. It's irrelevant. I'm not doing
24	Ms. Funderburke's case?	24	nerve count to form my opinions. It's done for
	Dana 25		Dana 27
	Page 35		Page 37
1	MR. THORNBURGH: Objection.		
	-	1	completely, for different purpose. Has nothing to
2	THE DEPONENT: Neuropathologists examine	2	do with the opinions well, it has something to
3	THE DEPONENT: Neuropathologists examine brain, they examine large peripheral nerves for	2 3	do with the opinions well, it has something to do but I mean the exact nerve density doesn't help
3 4	THE DEPONENT: Neuropathologists examine brain, they examine large peripheral nerves for peripheral nerve diseases, they examine muscle	2 3 4	do with the opinions well, it has something to do but I mean the exact nerve density doesn't help me either way in formulating my opinion. It's
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3 4 5 6	THE DEPONENT: Neuropathologists examine brain, they examine large peripheral nerves for peripheral nerve diseases, they examine muscle biopsies. They don't examine meshes. I mean, this is completely out of their scope. They don't	2 3 4 5 6	do with the opinions well, it has something to do but I mean the exact nerve density doesn't help me either way in formulating my opinion. It's done for a different purpose. Q. As we sit here today you're not
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THE DEPONENT: Not significantly. BY MR. COMBS:	21 22	Q. What nerve do those branches correspond to?
BY MR. COMBS:	22	correspond to?
		•
Q. Are there any other nerves in	23	
	1	MR. THORNBURGH: Objection.
Ms. Funderburke's sample that you consider to be	24	THE DEPONENT: I don't know. A
Page 39		Page 41
distorted?	1	myelinated nerve.
A. No.	2	BY MR. COMBS:
MR. THORNBURGH: Objection. When you	3	Q. Do you know what nerve they stem to?
say nerves are you including branches and fibers	4	A. No.
and I mean, because there's a difference	5	Q. Do you know what nerve they
pathologically.	6	communicate with?
BY MR. COMBS:	7	MR. THORNBURGH: Objection.
Q. Alright.	8	THE DEPONENT: No.
A. If we're talking about little	9	BY MR. COMBS:
fibers, I mean, we can see that some fiber here is	10	Q. Do you know whether these nerves are
distorted but it's just a very thin fiber. If	11	sensory nerves?
we're talking larger nerves and nerve branches	12	MR. THORNBURGH: Objection.
which collect many fibers I don't see that degree	13	THE DEPONENT: I think we've been
of distortion in the slides, but I cannot rule it	14	through this earlier. Most of the nerves in our
out because when it's so close. I don't know	15	body are mixed, sensory and motor. They contain
	16	different fibers. If we talk about fibers then
deeper, deeper maybe that nerve is completely	17	the fibers can be either sensory or motor. When
	18	they come together in larger trunks they're all
	19	mixed. So once we have a larger nerve, by
		definition, it's mixed or over 90 percent of them
		are mixed.
-		BY MR. COMBS:
	1	Q. The nerves you reference to in BF7,
	1	8 and 9, those are not larger nerves, are they?
- to vote the state of the stat	A. No. MR. THORNBURGH: Objection. When you say nerves are you including branches and fibers and I mean, because there's a difference pathologically. BY MR. COMBS: Q. Alright. A. If we're talking about little fibers, I mean, we can see that some fiber here is distorted but it's just a very thin fiber. If we're talking larger nerves and nerve branches which collect many fibers I don't see that degree of distortion in the slides, but I cannot rule it out because when it's so close. I don't know what's going on millimeter from here. If we cut	distorted? A. No. MR. THORNBURGH: Objection. When you say nerves are you including branches and fibers and I mean, because there's a difference pathologically. BY MR. COMBS: Q. Alright. A. If we're talking about little fibers, I mean, we can see that some fiber here is distorted but it's just a very thin fiber. If we're talking larger nerves and nerve branches which collect many fibers I don't see that degree of distortion in the slides, but I cannot rule it out because when it's so close. I don't know what's going on millimeter from here. If we cut deeper, deeper maybe that nerve is completely split by the fiber. I see it all the time, therefore the probability cannot be excluded because I've seen it so many times in so many specimens; the nerves get distorted by the fibers. But if you ask me if I have it in the pictures in my report the answer would be no.

Page 42 Page 44 MR. THORNBURGH: Objection. 1 1 BY MR. COMBS: 2 2 Q. I'll ask you can you point to any BY MR. COMBS: 3 Q. I mean what you're describing is a 3 nerve branch on this photograph and tell me that 4 4 larger nerve. that is a sensory fiber? 5 A. Let's get it clear. One fiber is 5 MR. THORNBURGH: Objection. THE DEPONENT: Nerve or fiber? 6 6 like this. It's just one fiber so it delivers one 7 function, either motor or sensory. Once you get 7 BY MR. COMBS: 8 8 two the likelihood one of them will be the other Q. We'll start with fiber. Can you 9 way around is higher, pretty much 50 percent. 9 tell me that anything on this photograph is a 10 10 When you get a bunch the likelihood that at least sensory fiber? MR. THORNBURGH: Objection. 11 11 one is sensory and/or one is motor is over 90 12 THE DEPONENT: It will be 50/50 split I 12 percent. So the larger the nerves get the more 13 chances that they are mixed. It doesn't matter if 13 guess if you go -- or depends on location. There 14 they're somatic or autonomic. So that's -- larger 14 will be probability that one fiber is motor and 15 15 one is sensory. Once we get into nerves I can nerves as they get larger there's more mixed 16 function in them. 16 tell you more likely than not that these are mixed 17 17 rather than what you're trying to say sensory only Q. Can you tell me whether any of the 18 or motor only. So this is mixed. There's some 18 nerves that are depicted on BF7 are sensory 19 nerves? 19 motor function in it and some sensory. How much 20 A. Let's put that term "sensory nerve" 20 of it? What is the mix? I don't know. 21 21 away, because sensory fibers, that would be more BY MR. COMBS: 22 correct terminology, because fiber has only one 22 Q. Are there any receptors depicted on 23 function, either sensory or motor. When it's a 23 BF7? 24 nerve rarely they have only one function and 24 MR. THORNBURGH: Objection. Page 43 Page 45 1 usually it's sensory only. But most of -- over 90 1 THE DEPONENT: Somewhere there but 2 percent of nerves would have mixed function, motor 2 visible at high magnification, yes. You cannot 3 3 see them at that level of magnification. and sensory. So if we say sensory nerve or motor 4 4 nerve you implying or you're limiting my answers BY MR. COMBS: 5 only to that -- less than 10 percent nerves. 5 Q. Are there any nerve receptors that 6 Q. So again my question is, can you 6 are appreciable on BF7, BF8 or BF9? 7 tell me whether any of the nerves that you have 7 MR. THORNBURGH: Objection. 8 labeled in BF7 are sensory nerves? 8 THE DEPONENT: It's a low magnification. 9 9 MR. THORNBURGH: Objection. You cannot see them at that magnification. Did I 10 THE DEPONENT: So we going back. Are we 10 imply that I can see them on that magnification? talking about 90 percent, over 90 percent of the 11 11 BY MR. COMBS: 12 nerves in the human body or 10 percent of the 12 Q. What magnification would it have 13 human body. If you're separating them into motor 13 required for Ms. Funderburke's slide to have 14 and sensory then we're talking only a very small 14 appreciated the receptors? 15 subset and limiting ourselves into pretty much 15 A. Pretty high. At least 40 or 60X and 16 nerve fibers. If you want to talk about nerves in 16 it would need a different stain. I'm not sure why 17 general, over 90 percent, they are all mixed so we 17 we're talking about receptors. Receptors -- as a 18 cannot use the term "sensory" or "motor". 18 given, where there are nerves there are receptors 19 19 because most nerves end with receptors. That's I mean, again, once you get into smaller 20 locations, into smaller, thin fibers getting close 20 their targets. 21 to skin most of them will be sensory, depends on 21 Q. The strain that you performed was 22 location. Some of them will be only motor. 2.2 the S100, correct? 23 Again, once it is larger it's mixed, once it's 23 A. That's correct. 24 smaller the function may be narrower. 24 Q. You didn't perform any other type of

	Page 46		Page 48
1	staining in Ms. Funderburke's slides that would be	1	as if I could have and I should have but I didn't?
2	specific to nerve receptors did you?	2	Q. That's your reading. My question is
3	MR. THORNBURGH: Objection.	3	just did you do it?
4	THE DEPONENT: It wasn't my intention.	4	A. No, I didn't.
5	There is no purpose of it. You have nerves, you	5	Q. Okay.
6	have receptors.	6	A. Because I didn't need to.
7	BY MR. COMBS:	7	Q. Okay.
8	Q. And for Ms. Funderburke's slides	8	A. Not because I wanted to hide
9	what stain would you have used if you were looking	9	something.
10	for receptors?	10	Q. Dr. Iakovlev, I want to ask you now
11	MR. THORNBURGH: Objection.	11	about the slides BF basically BF10 through
12	THE DEPONENT: It wasn't my intention	12	BF13b?
13	and I was not going to do that because there is no	13	A. Okay.
14	purpose for that.	14	Q. Are those all slides that you're
15	BY MR. COMBS:	15	going to use to tell the jury that you believe
16	Q. So my question is, if you had wanted	16	that was degradation in this case?
17	to look for nerve receptors in Ms. Funderburke's	17	A. It's not I believe, I know it is,
18	sample, what stain would you use?	18	and your scientists also know that.
19	A. I did not. I did not want to and I	19	Q. So let's start with BF10. What is
20	will not do it. I don't see the purpose as a	20	it you're going to tell the jury about BF10?
21	physician. Why are you forcing me to do something	21	A. There is degradation bark observed
22	else? Are you teaching me how to do pathology?	22	in 2015, or '16, the same way that it was observed
23	Q. My question is if you had wanted to	23	in 1983 by Ethicon scientists.
24	see nerve receptors what stain would you have	24	Q. Anything else?
	Page 47		Page 49
1			
	used?	1	A. No. It's the same 30 years after.
2		1 2	A. No. It's the same 30 years after. Q. BF11a what is it you're going to
	used? A. If I want to use repeat the question.		Q. BF11a what is it you're going to
2	A. If I want to use repeat the	2	Q. BF11a what is it you're going to tell the jury about that?
2	A. If I want to use repeat the question.	2	Q. BF11a what is it you're going to tell the jury about that? A. Same thing. There are blue fibers
2 3 4	A. If I want to use repeat the question.Q. If you had wanted to see nerve	2 3 4	Q. BF11a what is it you're going to tell the jury about that?
2 3 4 5	A. If I want to use repeat the question. Q. If you had wanted to see nerve receptors in Ms. Funderburke's slides what stain	2 3 4 5	Q. BF11a what is it you're going to tell the jury about that? A. Same thing. There are blue fibers blue granules seen in the detached fragments of
2 3 4 5 6	A. If I want to use repeat the question. Q. If you had wanted to see nerve receptors in Ms. Funderburke's slides what stain would you have used?	2 3 4 5 6	Q. BF11a what is it you're going to tell the jury about that? A. Same thing. There are blue fibers blue granules seen in the detached fragments of the bark exactly the same way as it was observed
2 3 4 5 6 7	A. If I want to use repeat the question. Q. If you had wanted to see nerve receptors in Ms. Funderburke's slides what stain would you have used? MR. THORNBURGH: Objection.	2 3 4 5 6 7	Q. BF11a what is it you're going to tell the jury about that? A. Same thing. There are blue fibers blue granules seen in the detached fragments of the bark exactly the same way as it was observed 30 years ago.
2 3 4 5 6 7 8	A. If I want to use repeat the question. Q. If you had wanted to see nerve receptors in Ms. Funderburke's slides what stain would you have used? MR. THORNBURGH: Objection. THE DEPONENT: You can use PGP9.5, this	2 3 4 5 6 7 8	Q. BF11a what is it you're going to tell the jury about that? A. Same thing. There are blue fibers blue granules seen in the detached fragments of the bark exactly the same way as it was observed 30 years ago. Q. Anything else?
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	Daga E0		Daga E2
-	Page 50		Page 52
1	the jury about that slide?	1	THE DEPONENT: It's not just 3.5 thick,
2	A. No.	2	it covers the entire mesh. So the entire mesh
3	Q. What are you going to tell the jury	3	the whole interaction between the mesh and the
4	about BF12?	4	body is through the degraded layer. So pretty
5	A. Oh these colors are off, the	5	much the body doesn't see anything but the
6	printing is. The same thing, it's degraded, there	6	degraded polypropylene. Whatever is deeper under
7	is bark, there are blue granules in it but it's	7	the bark doesn't matter because it's not getting
8	not a good picture.	8	exposed to the tissue. And the surface area is
9	Q. Anything else?	9	much larger.
10	A. No.	10	Now, in terms of clinical implications,
11	Q. BF13a and 13b, what are you going to	11	we know that it's brittle and I observed its
12	tell the jury about those?	12	brittle behavior in microscopy, so it's not
13	A. Just repetition of other. Separated	13	flexible as nondegraded part. It contributes to
14	fragments of the bark with blue granules.	14	stiffening of the mesh. And the cracking also can
15	Q. Anything else?	15	harbor bacteria, which had been a problem in
16	A. No. It degraded, it cracked,	16	multifilament mesh, which is published in multiple
17	there's it's brittle cracking.	17	papers.
18	Q. Anything else?	18	And since it's degrading, as I said,
19	A. No. And then BF13b it's in	19	where there's fire there's smoke. So if it's
20	polarized light, the same fragment. Now I can see	20	degrading it's producing fragments. I mean,
21	the behavior of polypropylene in polarized light.	21	degradation is decay or fragmentation of polymer
22	Q. Anything else?	22	so there are some molecules released. I don't
23	A. No.	23	know the components of this and what exactly the
24	Q. Dr. Iakovlev, did you make a	24	molecules. There's whole array of chemical
	Page 51		Page 53
1	Page 51 measurement of the thickness of what you term as	1	Page 53 molecules or chemical substances produced during
1 2		1 2	
	measurement of the thickness of what you term as		molecules or chemical substances produced during
2	measurement of the thickness of what you term as the degradation layer on BF10?	2	molecules or chemical substances produced during degradation of polypropylene outside of the body
2 3	measurement of the thickness of what you term as the degradation layer on BF10? A. No.	2	molecules or chemical substances produced during degradation of polypropylene outside of the body because it's easy to measure. Some combination of
2 3 4	measurement of the thickness of what you term as the degradation layer on BF10? A. No. Q. For any of the paragraphs from BF10	2 3 4	molecules or chemical substances produced during degradation of polypropylene outside of the body because it's easy to measure. Some combination of those is produced in the body as well.
2 3 4 5	measurement of the thickness of what you term as the degradation layer on BF10? A. No. Q. For any of the paragraphs from BF10 through BF13b did you make a measurement of what	2 3 4 5	molecules or chemical substances produced during degradation of polypropylene outside of the body because it's easy to measure. Some combination of those is produced in the body as well. Q. You never saw Ms. Funderburke's mesh
2 3 4 5 6	measurement of the thickness of what you term as the degradation layer on BF10? A. No. Q. For any of the paragraphs from BF10 through BF13b did you make a measurement of what you term as the degradation layer?	2 3 4 5 6	molecules or chemical substances produced during degradation of polypropylene outside of the body because it's easy to measure. Some combination of those is produced in the body as well. Q. You never saw Ms. Funderburke's mesh in vivo did you?
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Page 54 Page 56 plastic bag is not brittle? Because it doesn't 1 THE DEPONENT: You mean before the 1 2 2 slides were cut? break into pieces. 3 BY MR. COMBS: 3 Q. Sorry, I interrupted you. 4 4 A. You can see that the glass is Q. Yes, sir. 5 5 A. No. brittle when it's broken, not even touching it. 6 б Q. Do you know what the protocol was The same way here, I see that it cracks, then 7 for the specimen preparation at Duke Hospital? 7 it's not flexible. 8 A. Well, judging by the quality of the 8 Q. And prior to you seeing the mesh in 9 histology it was within acceptable range. I did 9 this case it was microtomed wasn't it? 10 10 not see any evidence of mishandling. There is A. Yes, both the core and the bark. 11 crisp histology. There is no reason to believe 11 The core didn't crack but the bark was cracked. that it was outside of the standards. 12 12 MR. COMBS: Let's take a break. 13 Q. And following the explant of this 13 --- Break taken at 4:11 p.m. 14 mesh it would have been dehydrated wouldn't it? 14 --- Upon resuming at 4:21 p.m. 15 15 BY MR. COMBS: A. It would be dehydrated, it would be 16 put in xylene and then in paraffin and then cut 16 Q. Dr. Iakovlev, I had a question about 17 17 and then rehydrated, stained and cover slipped. the records that are all in the thumb drive versus the records that are listed in the expert report. 18 Q. And treated with formalin? 18 19 A. Formalin was before. Dehydrated 19 And based on -- again, this is just a quick 20 20 determination because I just received the thumb after. 21 21 Q. Anything else? drive at the beginning of the deposition, but it 22 A. Labeled, shipped through FedEx to 22 looked like not all of the records that are in the 23 report are also contained on the thumb drive. 23 me. 24 Q. Do you know whether Dr. Visco used 24 Which would control? Page 55 Page 57 1 1 A. So I explained it to Mr. Snowden for cauterization to remove this tissue sample? 2 2 A. Sometimes you can see it at the the previous case. The way the files are named 3 3 edges. Usually it's within half a millimeter or and they are assembled is very confusing. So to 4 so the edges are burned. This edge has some -- it 4 me sometimes I don't know how to name or what to 5 5 may be dry it may be cautering. I don't list in this. I do my best to list all providing 6 know. Sometimes I see actually the cautering 6 institutions and all providing physicians, but 7 7 melts bark and the core at the same time, just sometimes I just don't know how to classify it or 8 8 giving extra evidence that the bark is present I cannot figure out what exactly it's coming from. 9 9 while the excision surgery takes place. So the best way to determine if I had the record 10 10 In this case I cannot tell you if and I reviewed it is to go to the thumb drive and 11 there's cautery artifact or definitive artifact at 11 see if it's there. Somewhere it might be buried 12 the edges. But in any case it's only the edges. 12 somewhere in the complex. So that's why it might 13 13 I mean, the central part -- I mean, it's really be apparent discrepancy but it's not, it's just 14 14 hard to burn tissue to that degree, to burn that the way the records are assembled. 15 15 piece of tissue. It's really sizeable chunk of Q. That's fine. That tells me 16 actual folded mesh here. 16 everything I need to know. If it was a record you 17 Q. Just a second ago you talked about 17 reviewed it's on the flash drive? 18 the mesh being brittle. In Ms. Funderburke's case 18 A. It may not be reflected and fall 19 19 how did you make the determination that this mesh into one of the categories for several reasons, 20 was brittle? 20 and most of them are not controlled by me. 21 21 A. By appearance, indicating change in O. That's fine. You've answered the question I had. 22 physical properties. Because how do you determine 22 23 that the glass is brittle? When you break it, it 23 Now I want to ask you a couple of 24 24 breaks into pieces. How do you determine that questions about the sample that you had for

Ms. Funderburke's mesh. No analytical testing was performed on that sample was it? A. No. MR. THORNBURGH: Objection. BY MR. COMBS: Q. You didn't ask anyone else to perform any analytical testing did you? A. No. No. Q. No other types of testing performed on the mesh, was there? THE DEPONENT: Except for microscopy? MR. THORNBURGH: Objection. THE DEPONENT: Except for microscopy? MR. THORNBURGH: Objection. THE DEPONENT: Except for microscopy? MR. THORNBURGH: Objection. THE DEPONENT: Yes. As I think your scientists did 30 years ago. MR. THORNBURGH: Objection. THE DEPONENT: Yes. As I think your scientists did 30 years ago. MR. THORNBURGH: Objection. THE DEPONENT: Not to the size of being visible and not in this case. Page 59 A. No. Q. Now, Ms. Funderburke had a revision on March 31st, 2009, you did not review any sample from that revision did you? A. I did not see any pathology so I don't want to retread this but for the purpose of the first two sentences of that section you say, "Mesh crossion is a complication unique from mesh surgeries. It cannot occur with nonmesh procedures." Isn't that at some point just a truisin? I mank you can have a specimen either. Q. And same question regarding a revision procedure done on January 14, 2010, you didn't have any pathology from that cifter did you? Q. In this is case you are not going to the records I did not see apathology report and I did not have specimen either. Q. In this is case you are not going to the records I did not see apathology report and I did not have specimen either. Q. In this case you are not going to the records I did not see apathology report and I did not have specimen either. Q. In this case you		Page 58		Page 60
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right in his report to supplement based on new 24 implanted with pessary can you tell us whether	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. I did not see any pathology so I don't know if there was any mesh submitted for pathology, and I did not have a specimen either. Q. And same question regarding a revision procedure done on January 14, 2010, you didn't have any pathology from that either did you? A. Yeah, from what I could determine in the records I did not see pathology report and I did not have specimen either. Q. In this case you are not going to testify that you observed any obliterated arteries in Ms. Funderburke's sample are you? MR. THORNBURGH: Objection. To the extent, Phil, we've asked for you to return your expert's slides and so he'll have an opportunity to look at that information and he's reserved the	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	section you say, "Mesh erosion is a complication unique from mesh surgeries. It cannot occur with nonmesh procedures." Isn't that at some point just a truism? I mean, you can't have a mesh erosion if no mesh was placed could you? A. This is obvious. I don't know how to answer. Q. Now, we discussed in a different deposition in an earlier case that you can have erosion from other foreign bodies that are implanted in the human body can't you? MR. THORNBURGH: Phil, that's a general question now. I've asked you on another case. We're not here about the other case, we're here about the case specifics of this case. BY MR. COMBS: Q. Okay. Let's talk about Ms. Funderburke had been

	Page 62		Page 64
1	that would or would not erode?	1	BY MR. COMBS:
2	A. Pessaries are not implanted.	2	Q. And that was part of the forensic
3	Q. Placed.	3	process?
4	A. If we talk about if there was	4	A. Medical-legal process. Forensics is
5	another foreign body implanted it could have	5	somewhat different.
6	eroded. That would be my answer. Pessaries are	6	Q. You've never talked to any of
7	not implanted, at least not a normal use or	7	Ms. Funderburke's family members have you?
8	intended use.	8	A. That's correct.
9	Q. And obviously I'm not a doctor. If	9	Q. Earlier I asked you some questions
10	I use the wrong term I'm sorry. In fact I think	10	about whether infection was listed in Exhibit 2,
11	you corrected me about it once before already. So	11	the pathology report.
12	the question just is, if a pessary had been placed	12	A. Yes.
13	in Ms. Funderburke's vagina that could erode,	13	Q. There's no mention made of pain in
14	couldn't it?	14	Dr. Draffin's pathology report is there?
15	MR. THORNBURGH: Objection.	15	MR. THORNBURGH: Objection.
16	THE DEPONENT: Let's leave pessary alone	16	THE DEPONENT: Pain is a clinical
17	because it's a really bad example. If there was	17	symptom. It's elicited by taking history by
18	another foreign body under the mucosa it could	18	clinical physicians. Pain is not part of
19	have eroded. That would be my answer.	19	pathological diagnosis, it has never been.
20	BY MR. COMBS:	20	BY MR. COMBS:
21	Q. I want to ask you about the	21	Q. And there is no mention of
22	clinico-pathological correlation that you did for	22	contribution to urinary symptoms in Dr. Draffin's
23	Ms. Funderburke. You've never treated	23	pathology report is there?
24	Ms. Funderburke have you?	24	MR. THORNBURGH: Objection.
	Page 63		Page 65
1	A. That's correct.	1	THE DEPONENT: Again, this would be more
2			
	Q. Never examined her?	2	of a clinico-pathological correlation.
3	A. That's correct.	3	of a clinico-pathological correlation. Correlation between pathology and clinical
3 4	A. That's correct. MR. THORNBURGH: Objection. Do you mean	3 4	of a clinico-pathological correlation. Correlation between pathology and clinical picture. Pathology reports just describe
3 4 5	A. That's correct. MR. THORNBURGH: Objection. Do you mean beyond the pathology?	3 4 5	of a clinico-pathological correlation. Correlation between pathology and clinical picture. Pathology reports just describe pathological findings. It doesn't do it
3 4 5 6	A. That's correct. MR. THORNBURGH: Objection. Do you mean beyond the pathology? THE DEPONENT: I examined her specimen	3 4 5 6	of a clinico-pathological correlation. Correlation between pathology and clinical picture. Pathology reports just describe pathological findings. It doesn't do it doesn't extend to correlation between clinical
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	Daga 66		Daga 60
	Page 66		Page 68
1	way he is not describing degradation if it's there	1	Q. And how many UTIs did
2	or it's not.	2	Ms. Funderburke have after she had the implant?
3	Q. And you've never talked to	3	A. Oh, now we're going into really
4	Dr. Draffin have you?	4	clinical questions. It's beyond my scope. As I
5	A. No.	5	said, I just read what was written in the clinical
6	Q. Do you have any basis for your	6	notes. You're asking something which I wouldn't
7	testimony that Dr. Draffin did not examine for	7	specifically get details.
8	degradation?	8	Q. Are you going to offer an opinion at
9	A. Well, one part of this is there is	9	the trial of this case that Ms. Funderburke
10	no mentioning of degradation either way. If it's	10	suffered increased urinary tract infections as a
11	there or it's not. There's no description that he	11	result of the placement of the mesh device, or are
12	was examining.	12	you going to leave that to somebody else?
13	Regular pathologists don't even know	13	A. Well, see, the description of UTIs
14	that polypropylene can degrade. I wouldn't expect	14	is in the clinical records so it's not my opinion
15	them to know. So there are multiple reasons to	15	either way. I can see it's written there. So my
16	believe that he didn't examine. I mean there are	16	job as a pathologist is to take this information
17	more reasons to believe he did not than he did.	17	and correlate with the pathology. So if you're
18	Q. Do you know anything at all about	18	asking me if she had or she had not it's not my
19	Dr. Draffin's background or qualifications?	19	opinion. I'm just copying whatever was in the
20	A. No, I don't.	20	record.
21	Q. Have you ever had any professional	21	Q. Are you going to testify at trial
22	interaction with him of any kind?	22	that Ms. Funderburke had any urinary tract
23	A. No.	23	infection as a result of having the mesh implant?
24	Q. Dr. Iakovlev, I want to ask you a	24	MR. THORNBURGH: Objection.
	D (F		
	Page 67		Page 69
1	_	1	Page 69 THE DEPONENT: So as my
1 2	question about your statement on page 6. That, "The clinical records indicate an appearance of	1 2	
	question about your statement on page 6. That, "The clinical records indicate an appearance of		THE DEPONENT: So as my
2	question about your statement on page 6. That, "The clinical records indicate an appearance of urge incontinence and frequent UTI after	2	THE DEPONENT: So as my clinico-pathological correlation states that: "Clinical records indicated change
2	question about your statement on page 6. That, "The clinical records indicate an appearance of urge incontinence and frequent UTI after implantation of the Gynecare mesh devices." Do	2	THE DEPONENT: So as my clinico-pathological correlation states that: "Clinical records indicated change of pattern of urinary tract infections,
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2 3 4 5 6	question about your statement on page 6. That, "The clinical records indicate an appearance of urge incontinence and frequent UTI after implantation of the Gynecare mesh devices." Do you see that? A. Yes, I do. Q. What records are you relying on that	2 3 4 5 6	THE DEPONENT: So as my clinico-pathological correlation states that: "Clinical records indicated change of pattern of urinary tract infections, frequent, to the degree that she required antibiotics continuously after
2 3 4 5 6 7	question about your statement on page 6. That, "The clinical records indicate an appearance of urge incontinence and frequent UTI after implantation of the Gynecare mesh devices." Do you see that? A. Yes, I do.	2 3 4 5 6 7	THE DEPONENT: So as my clinico-pathological correlation states that: "Clinical records indicated change of pattern of urinary tract infections, frequent, to the degree that she required antibiotics continuously after the surgery."
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Page 70 Page 72 1 what is written there that she has continuous 1 wouldn't focus specifically on that issue. 2 2 BY MR. COMBS: antidiuretic suppression since her surgery. That's 3 what I extract. Exact frequency, I mean, I think 3 Q. In your clinico-pathological 4 we are going beyond my scope. I'm not a clinician 4 correlation for Ms. Funderburke in relation to 5 who is doing differential diagnosis through the 5 urinary symptoms, what you set forth at pages 6 6 records comparing pre- and post-. My role is not 6 and 7, is it important to you whether 7 that. 7 Ms. Funderburke has had incontinence or UTIs 8 8 My role is just to see what is in the following the explant of the mesh? 9 records, already summarized, the decision to 9 A. Explant? 10 10 excise the mesh. And then I examine the mesh and MR. THORNBURGH: Objection. BY MR. COMBS: 11 I explain what pathological changes were in the 11 12 clinical picture. How they were causing the 12 Q. Yes. 13 clinical picture. 13 A. Explant is not that important 14 I'm not doing the clinical differential 14 because you already have the damage. There is 15 diagnosis so why are you asking me something I 15 more of a -- more value in the changes after the 16 wouldn't look for? I wouldn't look for specific 16 implant. Explantation only part of it. Part of 17 differences before and after. If it's there, if 17 the mesh is still there. There is scarring, there 18 it's stated I see it, but trying to extract it 18 is damage already. So I wouldn't expect it to be 19 myself it wouldn't be my role. 19 drastically different, it can in some cases. 20 BY MR. COMBS: 20 Again, I'm not a treating physician but to me I'm 21 21 Q. Has Ms. Funderburke had any urinary more focused on the change of pattern after 22 tract infections since the explant by Dr. Visco? 22 implantation for the reasons I just described. 23 MR. THORNBURGH: Which explant? I'm 23 Q. So what urinary symptoms are you 24 sorry? Oh, by Dr. Visco. 24 going to tell the jury that Ms. Funderburke Page 71 Page 73 1 THE DEPONENT: I don't know. She could 1 suffered after placement of the Gynecare device? 2 have some urinary tract infection. Let me see 2 MR. THORNBURGH: Objection. 3 what was provided in the records. 3 THE DEPONENT: Well it's stated in my 4 MR. THORNBURGH: Are you talking about 4 report. "Clinical records indicate an appearance 5 5 the July 2nd? of urge incontinence and frequent UTIs after 6 THE DEPONENT: She had several excisions 6 implantation of Gynecare mesh devices." That's 7 and we are talking about --7 what I saw in the records. 8 BY MR. COMBS: 8 BY MR. COMBS: 9 9 Q. I'm talking about the September Q. And in order to make that 10 23rd, 2010 explant. So my question is has 10 determination that she suffered frequent UTIs 11 Ms. Funderburke had urinary tract infections since 11 after implantation, did you think it was necessary 12 that explant? 12 to know whether she had suffered frequent UTIs 13 A. I don't know. It wouldn't be my 13 prior to implantation? 14 purpose again. So it's damaged already. There is 14 MR. THORNBURGH: Objection. 15 TVT still there. It's not in my summary. I don't 15 THE DEPONENT: I did not make a 16 know if it was in the records. Again, there are 16 determination. I copied what was in the clinical 17 several reasons I wouldn't necessarily focus on 17 records. Again, going into this again I'm not a 18 that. 18 urogynecologist or a urologist to make clinical Q. Do you know whether Ms. Funderburke 19 19 determinations. I saw it in the record exactly as 2.0 has suffered from incontinence after the explant 20 I read like 15 minutes ago. 21 by Dr. Visco in September of 2010? 21 BY MR. COMBS: 22 MR. THORNBURGH: Objection. Which? Any 22 Q. You won't be testifying at the trial 23 type? 23 of this case that the mesh implant caused 24 THE DEPONENT: I don't know. Again I 24 Ms. Funderburke to have frequent UTIs, will you?

	Page 74		Page 76
1	MR. THORNBURGH: Objection.	1	MR. COMBS: That's a speaking objection.
2	THE DEPONENT: Again, I can read it from	2	BY MR. COMBS:
3	the record. It's stated there. I saw it. I	3	Q. Dr. Iakovlev, you know, I think it's
4	copied it and then I correlate it with the	4	an easy question. Do you know? Do you know
5	pathology. That's the extent I can testify.	5	whether Ms. Funderburke had frequent UTIs
6	BY MR. COMBS:	6	pre-implant?
7	Q. Alright. And you have made no	7	A. What do you mean frequent? How
8	comparison of the frequency prior to the implant,	8	many? She might have had 20, 30, since her birth.
9	while the implant was in place or after the	9	People have UTIs. This is all questions which
10	implant had been explanted, have you?	10	are so vague and ambiguous and that's not what I
11	MR. THORNBURGH: Objection. Asked and	11	do. I do go through the records and if I see
12	answered.	12	something clearly stated I take it as face value
13	THE DEPONENT: I answered this question	13	what's in the records.
14	several times.	14	Q. Well, the question you're
15	BY MR. COMBS:	15	complaining about being vague because it uses the
16	Q. And is the answer no?	16	term "frequent" I'm using the term you used.
17	A. No, the answer is as I answered.	17	Under "urinary" symptoms" that's what you say. So
18	Q. If the answer is as you answered	18	here's my question, did she have frequent UTIs
19	then tell me how many UTIs did Ms. Funderburke	19	pre-implant? Whatever criteria you're using to
20	have prior to the implant?	20	say that she had them after implant.
21	A. Your previous question was what I'm	21	MR. THORNBURGH: Objection.
22	going to testify regarding urinary symptoms. Now	22	THE DEPONENT: So whatever you call
23	you're asking how many again.	23	frequent, not frequent, I clearly saw indication
24	Q. Okay. First sentence under your	24	that the pattern of UTI changed. If she had them
	Page 75		Page 77
1	urinary symptoms you say, "Clinical records	1	before whatever frequency the clinicians put in
2	indicate an appearance of urge incontinent and	2	the record that frequent UTIs requiring
3	frequent UTIs after implantation." If your	١ ،	antibiotic suppression since her surgery. That's
4		3	antibiotic suppression since her surgery. That's
4	testimony is going to be that she developed	4	how I see it. That's how it is in the records.
4 5	testimony is going to be that she developed frequent UTIs after implantation I want to know		how I see it. That's how it is in the records.
	frequent UTIs after implantation I want to know	4	how I see it. That's how it is in the records. We can pull the record itself not just my summary.
5	frequent UTIs after implantation I want to know what your knowledge is regarding UTIs prior to	4 5	how I see it. That's how it is in the records. We can pull the record itself not just my summary. How many of them? I don't know. We can
5 6	frequent UTIs after implantation I want to know	4 5 6	how I see it. That's how it is in the records. We can pull the record itself not just my summary.
5 6 7	frequent UTIs after implantation I want to know what your knowledge is regarding UTIs prior to implantation.	4 5 6 7	how I see it. That's how it is in the records. We can pull the record itself not just my summary. How many of them? I don't know. We can ask a clinician who put that sentence in.
5 6 7 8	frequent UTIs after implantation I want to know what your knowledge is regarding UTIs prior to implantation. A. Should I read that sentence again?	4 5 6 7 8	how I see it. That's how it is in the records. We can pull the record itself not just my summary. How many of them? I don't know. We can ask a clinician who put that sentence in. BY MR. COMBS:
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	Page 78		Page 80
1	A. No.	1	you don't know, if it healed and then became
2	Q. Haven't seen any after that have	2	eroded. So but in any case if there is wound
3	you?	3	healing issue the object which prevented it from
4	A. No.	4	healing, would be mesh.
5	Q. There's a section in your report	5	BY MR. COMBS:
6	regarding pain at page 6. What's your testimony	6	Q. You do not know whether
7	going to be at the trial of this case regarding	7	Ms. Funderburke suffered from a wound healing
8	the location of Ms. Funderburke's pain?	8	issue in relation to her December 31st, 2008
9	A. Again, my testimony will not be	9	implant do you?
10	making clinical assessments. I mean, I can only	10	MR. THORNBURGH: Objection.
11	copy what is in the records.	11	THE DEPONENT: Well definitely, once it
12	Q. You don't know what the location of	12	became exposed the wound cannot heal. The foreign
13	Ms. Funderburke's pain was, do you?	13	body prevents it from healing.
14	A. Well, I can go back into record and	14	BY MR. COMBS:
15	see where it was described. I myself did not	15	Q. Do you know when her exposure first
16	elicit that history where the pain is. I did not	16	manifested?
17	examine.	17	A. Well, the record, as you said
18	Q. So any testimony that you had on	18	sometime within the first three months after
19	that would just be based on what you read in the	19	implantation.
20	medical records?	20	Q. And Ms. Funderburke is a diabetic
21	A. That's correct.	21	isn't she?
22	Q. Do you know whether Ms. Funderburke	22	A. Yes, she is.
23	suffered from dyspareunia or not?	23	Q. As a result of Ms. Funderburke being
24	A. It wasn't a separate section. So	24	a diabetic is she likely to have poorer wound
	A. It wasn't a separate section. So	24	a diabetic is she likely to have poorer wound
	A. It wasn't a separate section. So Page 79	24	a diabetic is she likely to have poorer wound Page 81
	Page 79 from what I see dyspareunia wasn't the main	24	Page 81 healing?
24	Page 79 from what I see dyspareunia wasn't the main complication which was evident in the records. If		Page 81 healing? MR. THORNBURGH: Objection.
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	Page 82	Page 84
1	or not during the surgery.	1
2	A. No, I don't know specific details.	ERRATA
3	This would be a clinical question.	2
4	Q. Dr. Iakovlev, I don't have any other	3 PAGE LINE CHANGE
5	questions related to Ms. Funderburke.	4
6	MR. THORNBURGH: I may, just give me one	5 REASON:
7	second. No questions. Thank you.	6
8	Whereupon the examination was	7 REASON:
9	completed at 5:04 p.m.	8
10		9 REASON:
11		
12		10
13		13 REASON:
14		14
15		15 REASON:
16		16
17		17 REASON:
18		18
19		19 REASON:
20 21		20
22		21 REASON:
23		22 REASON:
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1		1 ACKNOWLEDGMENT OF DEPONENT
2	REPORTER'S CERTIFICATE	2
3	REFOREERS CERTIFICATE	I,, do 3 hereby certify that I have read the
4	I, HELEN MARTINEAU, CSR, Certified	foregoing pages, and that the same
5	Shorthand Reporter, certify;	4 is a correct transcription of the answers given by me to the questions therein
6	That the foregoing proceedings were	5 propounded, except for the corrections or
7	taken before me at the time and place therein set	changes in form or substance, if any,
8	forth at which time the witness was put under oath	6 noted in the attached Errata Sheet.
9	by me;	AN ADDIGITATION FOR A DATE
10	That the testimony of the witness and	8 VLADIMIR IAKOVLEV, MD DATE 9
11	all objections made at the time of the examination	10
12	were recorded stenographically by me and were	11 12
13	thereafter transcribed;	13
14	That the foregoing is a true and	14 Subscribed and sworn
15	accurate transcript of my shorthand notes so	15 to before me this
16 17	taken.	day of, 20
17 18		My commission expires:
19		17
20	PER: HELEN MARTINEAU	Notary Public
21	CERTIFIED SHORTHAND REPORTER.	19
22		20 21
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